

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4413A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile ☐ Ceiling Tile  
☒ Mastic ☐ Roofing Felt  
☐ Extension Panels ☐ Shingles  
☐ Clapboard ☐ Millboard  
☐ Asbestos/Cement Piping ☐ Walkcovering  
☐ Sheet Goods ☐ Other: \_\_\_\_\_  
☐ Paints & Coatings

Total Amount ACM: 30

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYCOTILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4413B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 90

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYCOTILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Air Plenum: ☒ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4413D

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile  
☒ Mastic  
\_\_\_\_ Extension Panels  
\_\_\_\_ Clapboard  
\_\_\_\_ Asbestos/Cement Piping  
\_\_\_\_ Sheet Goods  
\_\_\_\_ Paints & Coatings  
\_\_\_\_ Ceiling Tile  
\_\_\_\_ Roofing Felt  
\_\_\_\_ Shingles  
\_\_\_\_ Millboard  
\_\_\_\_ Walkcovering  
\_\_\_\_ Other: \_\_\_\_\_

Total Amount ACM: 80

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYCOTILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations: ☒ Office

\_\_\_\_ Mechanical Area

\_\_\_\_ Lobby

\_\_\_\_ Conference Room

\_\_\_\_ Hallway

\_\_\_\_ Cafeteria

\_\_\_\_ Garage

\_\_\_\_ Roof

\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Air Plenum: ☒ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 44015A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 150

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: N/A

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOCTILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Possible	<input checked="" type="checkbox"/> None
Vibration:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: MASTIC CONTAINS 3-5% CHRYSOCTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4019

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 80

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYCOTILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYCOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4023

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 80 Linear Feet \_\_\_\_\_ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ☒ Type: CHRYSDOTILE Percentage: 3-5% Asbestos Assumed? \_\_\_\_\_

Locations: ☒ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_  
☐ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_  
☐ Garage \_\_\_\_\_ Roof \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	_____ Scheduled	_____ Possible	<input checked="" type="checkbox"/> None
Vibration:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_





Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4027

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 85

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSDOTILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Possible	<input checked="" type="checkbox"/> None
Vibration:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4027B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile ☐ Ceiling Tile  
☒ Mastic ☐ Roofing Felt  
☐ Extension Panels ☐ Shingles  
☐ Clapboard ☐ Millboard  
☐ Asbestos/Cement Piping ☐ Wallcovering  
☐ Sheet Goods ☐ Other: \_\_\_\_\_  
☐ Paints & Coatings \_\_\_\_\_

Total Amount ACM: 60

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOITILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations:

☒ Office ☐ Mechanical Area ☐ Lobby  
☐ Conference Room ☐ Hallway ☐ Cafeteria  
☐ Garage ☐ Roof  
☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None  
Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None  
Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low  
Activity & Movement: ☐ High ☐ Moderate ☒ Low  
Change in Building Use: ☐ Scheduled ☐ Possible ☒ None  
Vibration: ☐ High ☐ Moderate ☒ Low  
Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOITILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4435BDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 85

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSDOTILEPercentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowAir Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 4435ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/>	Floor Tile	<input type="checkbox"/>	Ceiling Tile
<input checked="" type="checkbox"/>	Mastic	<input type="checkbox"/>	Roofing Felt
<input type="checkbox"/>	Extension Panels	<input type="checkbox"/>	Shingles
<input type="checkbox"/>	Clapboard	<input type="checkbox"/>	Millboard
<input type="checkbox"/>	Asbestos/Cement Piping	<input type="checkbox"/>	Wallcovering
<input type="checkbox"/>	Sheet Goods	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Paints & Coatings	<input type="checkbox"/>	_____

Total Amount ACM: 1.0

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSOTILEPercentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations:

<input checked="" type="checkbox"/>	Office	<input type="checkbox"/>	Mechanical Area	<input type="checkbox"/>	Lobby
<input type="checkbox"/>	Conference Room	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Roof	<input type="checkbox"/>	
<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>		<input type="checkbox"/>	

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowAir Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4105

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 150 Linear Feet \_\_\_\_\_ Square Feet ☒

Area of Damaged ACM: N/A Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ☒ Type: CHRYSTOTILE Percentage: 3-5% Asbestos Assumed? \_\_\_\_\_

Locations: ☒ Office ☐ Mechanical Area ☐ Lobby  
☐ Conference Room ☐ Hallway ☐ Cafeteria  
☐ Garage ☐ Roof  
☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Possible	<input checked="" type="checkbox"/> None
Vibration:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: MASTIC CONTAINS 3-5% CHRYSTOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4114

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile ☐ Ceiling Tile  
☒ Mastic ☐ Roofing Felt  
☐ Extension Panels ☐ Shingles  
☐ Clapboard ☐ Millboard  
☐ Asbestos/Cement Piping ☐ Wallcovering  
☐ Sheet Goods ☐ Other: \_\_\_\_\_  
☐ Paints & Coatings \_\_\_\_\_

Total Amount ACM: 100

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations:

☒ Office ☐ Mechanical Area ☐ Lobby  
☐ Conference Room ☐ Hallway ☐ Cafeteria  
☐ Garage ☐ Roof  
☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None  
Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None  
Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low  
Activity & Movement: ☐ High ☐ Moderate ☒ Low  
Change in Building Use: ☐ Scheduled ☐ Possible ☒ None  
Vibration: ☐ High ☐ Moderate ☒ Low  
Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 4110

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 100

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSDOTILE

Percentage: 3-5%

Asbestos Assumed? \_\_\_\_\_

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Possible	<input checked="" type="checkbox"/> None
Vibration:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Other (specify) \_\_\_\_\_

None

No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Date: \_\_\_\_\_



Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5218

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5404

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 250

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5412Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5408

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200 Linear Feet \_\_\_\_\_ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ☒ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_

\_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_

\_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	_____ Scheduled	_____ Possible	<input checked="" type="checkbox"/> None
Vibration:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5416Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastic☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement  
Piping☐ Wallcovering☐ Sheet Goods☐ Other: \_\_\_\_\_☐ Paints & CoatingsTotal Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ☒

Locations:

☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major

Minor

☒ None

Water Damage/Deterioration: \_\_\_\_\_ Major

Minor

☒ None

Friability of Damaged Area: \_\_\_\_\_ Major

Minor

☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High

Moderate

☒ Low

Activity &amp; Movement: \_\_\_\_\_ High

Moderate

☒ Low

Change in Building Use: \_\_\_\_\_ Scheduled

Possible

☒ None

Vibration: \_\_\_\_\_ High

Moderate

☒ LowAir Plenum: ☒ Yes

No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5420

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5414ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/>	Floor Tile	<input type="checkbox"/>	Ceiling Tile
<input checked="" type="checkbox"/>	Mastic	<input type="checkbox"/>	Roofing Felt
<input type="checkbox"/>	Extension Panels	<input type="checkbox"/>	Shingles
<input type="checkbox"/>	Clapboard	<input type="checkbox"/>	Millboard
<input type="checkbox"/>	Asbestos/Cement Piping	<input type="checkbox"/>	Wallcovering
<input type="checkbox"/>	Sheet Goods	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Paints & Coatings	<input type="checkbox"/>	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 544BDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5424

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5428

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5432

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 350

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

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Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5122

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 250

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5040Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 600

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSDOTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

\_\_\_\_\_ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5040A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 250

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5040B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile

☐ Ceiling Tile

☒ Mastic

☐ Roofing Felt

☐ Extension Panels

☐ Shingles

☐ Clapboard

☐ Millboard

☐ Asbestos/Cement  
Piping

☐ Wallcovering

☐ Sheet Goods

☐ Other: \_\_\_\_\_

☐ Paints & Coatings

Total Amount ACM: 300

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Air Plenum: ☒ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5110

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 300 Linear Feet \_\_\_\_\_ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ✓ Type: CHRYSDOTILE Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_  
 \_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_  
 \_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> _____ None
Water Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> _____ None
Friability of Damaged Area:	_____ Major	_____ Minor	<u>✓</u> _____ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Activity & Movement:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Change in Building Use:	_____ Scheduled	_____ Possible	<u>✓</u> _____ None
Vibration:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Air Plenum:	<u>✓</u> _____ Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5022

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 300

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Fraility of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5020Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)☒

Floor Tile

Ceiling Tile

☒

Mastic

Roofing Felt

☐

Extension Panels

Shingles

☐

Clapboard

Millboard

☐Asbestos/Cement  
Piping

Wallcovering

☐

Sheet Goods

Other: \_\_\_\_\_

☐

Paints &amp; Coatings

Total Amount ACM: 150

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

☐ Conference Room

Hallway

Cafeteria

☐ Garage

Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:

Major

Minor

☒

None

Water Damage/Deterioration:

Major

Minor

☒

None

Friability of Damaged Area:

Major

Minor

☒

None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

High

Moderate

☒

Low

Activity &amp; Movement:

High

Moderate

☒

Low

Change in Building Use:

Scheduled

Possible

☒

None

Vibration:

High

Moderate

☒

Low

Air Plenum:

☒

Yes

No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5020A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5020B

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120 Linear Feet \_\_\_\_\_ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ☒ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office ☐ Mechanical Area ☐ Lobby  
☐ Conference Room ☐ Hallway ☐ Cafeteria  
☐ Garage ☐ Roof  
☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Possible	<input checked="" type="checkbox"/> None
Vibration:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5020C

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile  
☒ Mastic  
☐ Extension Panels  
☐ Clapboard  
☐ Asbestos/Cement Piping  
☐ Sheet Goods  
☐ Paints & Coatings  
☐ Ceiling Tile  
☐ Roofing Felt  
☐ Shingles  
☐ Millboard  
☐ Walkcovering  
☐ Other: \_\_\_\_\_

Total Amount ACM: 150

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Air Plenum: ✓ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 50200

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5020EDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastic☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement  
Piping☐ Wallcovering☐ Sheet Goods☐ Other: \_\_\_\_\_☐ Paints & CoatingsTotal Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓

Locations:

☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowAir Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5018

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 300

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Air Plenum: ☒ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5014Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 150

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5012

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: SD10

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 1.52

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSDOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5008

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5002

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastie	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200 Linear Feet \_\_\_\_\_ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ☒ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Possible	<input checked="" type="checkbox"/> None
Vibration:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5006Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ☒Locations: ☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowAir Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: SDQ1Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)☒

Floor Tile

☐

Ceiling Tile

☒

Mastic

☐

Roofing Felt

☐

Extension Panels

☐

Shingles

☐

Clapboard

☐

Millboard

☐Asbestos/Cement  
Piping☐

Wallcovering

☐

Sheet Goods

☐

Other: \_\_\_\_\_

☐

Paints &amp; Coatings

☐Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒

None

Water Damage/Deterioration:

☐ Major☐ Minor☒

None

Friability of Damaged Area:

☐ Major☐ Minor☒

None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒

Low

Activity &amp; Movement:

☐ High☐ Moderate☒

Low

Change in Building Use:

☐ Scheduled☐ Possible☒

None

Vibration:

☐ High☐ Moderate☒

Low

Air Plenum:

☒ Yes☐ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

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Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5005

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 150

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSO TILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5009

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Air Plenum: ✓ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5013Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180 Linear Feet \_\_\_\_\_ Square Feet ✓Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_Asbestos Known? ✓ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_  
\_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_  
\_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> None
Water Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> None
Friability of Damaged Area:	_____ Major	_____ Minor	<u>✓</u> None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<u>✓</u> Low
Activity & Movement:	_____ High	_____ Moderate	<u>✓</u> Low
Change in Building Use:	_____ Scheduled	_____ Possible	<u>✓</u> None
Vibration:	_____ High	_____ Moderate	<u>✓</u> Low
Air Plenum:	<u>✓</u> Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: SD15

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 150

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSDOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5019

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5023

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile

☐ Ceiling Tile

☒ Mastic

☐ Roofing Felt

☐ Extension Panels

☐ Shingles

☐ Clapboard

☐ Millboard

☐ Asbestos/Cement  
Piping

☐ Walkcovering

☐ Sheet Goods

☐ Other:

☐ Paints & Coatings

Total Amount ACM: 400

Linear Feet           

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet           

Square Feet           

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify)           

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed:             
(Facility Asbestos Control Manager)

Date:

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5017

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Air Plenum: ✓ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5021

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 1.50 Linear Feet \_\_\_\_\_ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ✓ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_  
 \_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_  
 \_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> _____ None
Water Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> _____ None
Friability of Damaged Area:	_____ Major	_____ Minor	<u>✓</u> _____ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Activity & Movement:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Change in Building Use:	_____ Scheduled	_____ Possible	<u>✓</u> _____ None
Vibration:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Air Plenum:	<u>✓</u> _____ Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5025Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSTILEPercentage: 3-5% Asbestos Assumed? ☒Locations: ☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5029

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile  
☒ Mastic  
☐ Extension Panels  
☐ Clapboard  
☐ Asbestos/Cement Piping  
☐ Sheet Goods  
☐ Paints & Coatings  
☐ Ceiling Tile  
☐ Roofing Felt  
☐ Shingles  
☐ Millboard  
☐ Wallcovering  
☐ Other:

Total Amount ACM: 180

Linear Feet

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet

Square Feet

Asbestos Known? ✓

Type: CHRYSDOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify)

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5033

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSTOLE

Percentage: 3-5% Asbestos Assumed? ✓

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Possible	<input checked="" type="checkbox"/> None
Vibration:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5037

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile  
☒ Mastic  
☐ Extension Panels  
☐ Clapboard  
☐ Asbestos/Cement Piping  
☐ Sheet Goods  
☐ Paints & Coatings  
☐ Ceiling Tile  
☐ Roofing Felt  
☐ Shingles  
☐ Millboard  
☐ Wallcovering  
☐ Other: \_\_\_\_\_

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations:

☒ Office  
☐ Conference Room  
☐ Garage  
☐ Other (specify) \_\_\_\_\_  
☐ Mechanical Area  
☐ Hallway  
☐ Roof  
☐ Lobby  
☐ Cafeteria

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None  
Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None  
Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low  
Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low  
Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None  
Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low  
Air Plenum: ☒ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5041Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/>	Floor Tile	<input type="checkbox"/>	Ceiling Tile
<input checked="" type="checkbox"/>	Mastic	<input type="checkbox"/>	Roofing Felt
<input type="checkbox"/>	Extension Panels	<input type="checkbox"/>	Shingles
<input type="checkbox"/>	Clapboard	<input type="checkbox"/>	Millboard
<input type="checkbox"/>	Asbestos/Cement Piping	<input type="checkbox"/>	Wallcovering
<input type="checkbox"/>	Sheet Goods	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Paints & Coatings	<input type="checkbox"/>	_____

Total Amount ACM: 160

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ✓

Locations:

<input checked="" type="checkbox"/>	Office	<input type="checkbox"/>	Mechanical Area	<input type="checkbox"/>	Lobby
<input type="checkbox"/>	Conference Room	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Roof	<input type="checkbox"/>	
<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>		<input type="checkbox"/>	

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5045Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

\_\_\_\_\_ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5049Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSTOLEPercentage: 3-5%Asbestos Assumed? ☒

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate \_\_\_\_\_ Low

Air Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5053

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 350 Linear Feet \_\_\_\_\_ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ☒ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_  
☐ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_  
☐ Garage \_\_\_\_\_ Roof \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	_____ Scheduled	_____ Possible	<input checked="" type="checkbox"/> None
Vibration:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5053ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSDOTILEPercentage: 3-5% Asbestos Assumed? ☒

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowAir Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5307

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: \_\_\_\_\_

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	_____ Ceiling Tile
<input checked="" type="checkbox"/> Mastic	_____ Roofing Felt
_____ Extension Panels	_____ Shingles
_____ Clapboard	_____ Millboard
_____ Asbestos/Cement Piping	_____ Wallcovering
_____ Sheet Goods	_____ Other: _____
_____ Paints & Coatings	_____

Total Amount ACM: 180 Linear Feet \_\_\_\_\_ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ✓ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_  
 \_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_  
 \_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> _____ None
Water Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> _____ None
Friability of Damaged Area:	_____ Major	_____ Minor	<u>✓</u> _____ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Activity & Movement:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Change in Building Use:	_____ Scheduled	_____ Possible	<u>✓</u> _____ None
Vibration:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Air Plenum:	<u>✓</u> _____ Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

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Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5311

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180 Linear Feet \_\_\_\_\_ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ☒ Type: CHRYSDOTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_

☐ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_

☐ Garage \_\_\_\_\_ Roof \_\_\_\_\_

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	_____ Scheduled	_____ Possible	<input checked="" type="checkbox"/> None
Vibration:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5315

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180 Linear Feet \_\_\_\_\_ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ✓ Type: CHRYSOTILE Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_  
 \_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_  
 \_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> _____ None
Water Damage/Deterioration:	_____ Major	_____ Minor	<u>✓</u> _____ None
Friability of Damaged Area:	_____ Major	_____ Minor	<u>✓</u> _____ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Activity & Movement:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Change in Building Use:	_____ Scheduled	_____ Possible	<u>✓</u> _____ None
Vibration:	_____ High	_____ Moderate	<u>✓</u> _____ Low
Air Plenum:	<u>✓</u> _____ Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5319Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSO TILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

\_\_\_\_\_ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bdg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5451

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5447Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSTOLEPercentage: 3-5% Asbestos Assumed? ☒Locations: ☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowAir Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5445

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile  
☒ Mastic  
☐ Extension Panels  
☐ Clapboard  
☐ Asbestos/Cement  
Piping  
☐ Sheet Goods  
☐ Paints & Coatings

☐ Ceiling Tile  
☐ Roofing felt  
☐ Shingles  
☐ Millboard  
☐ Wallcovering  
☐ Other: \_\_\_\_\_

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

F 571

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5439

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSTOLE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Air Plenum: ☒ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5437Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)☒ Floor Tile☐ Ceiling Tile☒ Mastic☐ Roofing Felt☐ Extension Panels☐ Shingles☐ Clapboard☐ Millboard☐ Asbestos/Cement  
Piping☐ Walkcovering☐ Sheet Goods☐ Other: \_\_\_\_\_☐ Paints & CoatingsTotal Amount ACM: 250

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ☒

Locations:

☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:

☐ Major☐ Minor☒ None

Water Damage/Deterioration:

☐ Major☐ Minor☒ None

Friability of Damaged Area:

☐ Major☐ Minor☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High☐ Moderate☒ Low

Activity &amp; Movement:

☐ High☐ Moderate☒ Low

Change in Building Use:

☐ Scheduled☐ Possible☒ None

Vibration:

☐ High☐ Moderate☒ Low

Air Plenum:

☒ Yes☐ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5443

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 250

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5443ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Flooring Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 150

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSONILEPercentage: 3-5%Asbestos Assumed? ✓

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSONILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5435Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ☒Locations: ☒ Office☐ Mechanical Area☐ Lobby☐ Conference Room☐ Hallway☐ Cafeteria☐ Garage☐ Roof☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5431Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180 Linear Feet \_\_\_\_\_ Square Feet ☒Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_Asbestos Known? ☒ Type: CHRYSOCTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_  
\_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_  
\_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowAir Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSOCTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

F-577

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5427

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

F-578

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5425

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 400

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: ✓ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Air Plenum: ✓ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5425A

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120 Linear Feet \_\_\_\_\_ Square Feet ☒

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ☒ Type: CHRYSTILE Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby \_\_\_\_\_

\_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_

\_\_\_\_\_ Garage \_\_\_\_\_ Roof \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	_____ Scheduled	_____ Possible	<input checked="" type="checkbox"/> None
Vibration:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5425BDate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSO TILEPercentage: 3-5% Asbestos Assumed? ✓

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Possible	<input checked="" type="checkbox"/> None
Vibration:	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5425C

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5423

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 250

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Air Plenum: ☒ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5419Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5% Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5413Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSO TILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5415

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSTOTILE

Percentage: 3-5% Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5411Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 200

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ✓Locations: ✓ Office

Mechanical Area

Lobby

Conference Room

Hallway

Cafeteria

Garage

Roof

Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5407

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: ☒ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☐ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Water Damage/Deterioration: ☐ Major ☐ Minor ☒ None

Friability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ Low

Activity & Movement: ☐ High ☐ Moderate ☒ Low

Change in Building Use: ☐ Scheduled ☐ Possible ☒ None

Vibration: ☐ High ☐ Moderate ☒ Low

Air Plenum: ☒ Yes ☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5403Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 1

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 180

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5%Asbestos Assumed? ✓

Locations:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/3/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5114Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 7

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 400

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ✓

Locations:

<input type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input checked="" type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☒ Moderate ☐ LowActivity & Movement: ☐ High ☒ Moderate ☐ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5441Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 7

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 400

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSOTILEPercentage: 3-5% Asbestos Assumed? ☒

Locations: \_\_\_\_\_ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

\_\_\_\_\_ Other (specify) \_\_\_\_\_

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High ☒ Moderate \_\_\_\_\_ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ LowAir Plenum: ☒ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5218ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ☒Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒Type: CHRYSOTILEPercentage: 3-5%Asbestos Assumed? ☒

Locations:

<input type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input checked="" type="checkbox"/> Other (specify) <u>Storage</u>		

Condition of ACM:

Physical Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneWater Damage/Deterioration: ☐ Major ☐ Minor ☒ NoneFriability of Damaged Area: ☐ Major ☐ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: ☐ High ☐ Moderate ☒ LowActivity & Movement: ☐ High ☐ Moderate ☒ LowChange in Building Use: ☐ Scheduled ☐ Possible ☒ NoneVibration: ☐ High ☐ Moderate ☒ LowAir Plenum: ☒ Yes ☐ NoComments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95

Signed: \_\_\_\_\_

(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5040C

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 135 Linear Feet \_\_\_\_\_ Square Feet ✓

Area of Damaged ACM: n/a Linear Feet \_\_\_\_\_ Square Feet \_\_\_\_\_

Asbestos Known? ✓ Type: CHRYSTOLE Percentage: 3-5% Asbestos Assumed? ✓

Locations: \_\_\_\_\_ Office \_\_\_\_\_ Mechanical Area \_\_\_\_\_ Lobby  
 \_\_\_\_\_ Conference Room \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria  
 \_\_\_\_\_ Garage \_\_\_\_\_ Roof  
☒ Other (specify) Storage

Condition of ACM:

Physical Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Water Damage/Deterioration:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None
Friability of Damaged Area:	_____ Major	_____ Minor	<input checked="" type="checkbox"/> None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Activity & Movement:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Change in Building Use:	_____ Scheduled	_____ Possible	<input checked="" type="checkbox"/> None
Vibration:	_____ High	_____ Moderate	<input checked="" type="checkbox"/> Low
Air Plenum:	_____ Yes	_____ No	

Comments: MASTIC CONTAINS 3-5% CHRYSTOLE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: S417

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 2

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 450

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYROTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: \_\_\_\_\_ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Air Plenum: ✓ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYROTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5414Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 5

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Walkcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 100

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYBOTILEPercentage: 3-5% Asbestos Assumed? ✓

Locations:

<input type="checkbox"/> Office	<input type="checkbox"/> Mechanical Area	<input type="checkbox"/> Lobby
<input type="checkbox"/> Conference Room	<input checked="" type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Garage	<input type="checkbox"/> Roof	
<input type="checkbox"/> Other (specify) _____		

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High ✓ Moderate \_\_\_\_\_ LowActivity & Movement: \_\_\_\_\_ High ✓ Moderate \_\_\_\_\_ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYBOTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

F-595

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5031Date of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 9

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)☒

Floor Tile

☐

Ceiling Tile

☒

Mastic

☐

Roofing Felt

☐

Extension Panels

☐

Shingles

☐

Clapboard

☐

Millboard

☐Asbestos/Cement  
Piping☐

Walkcovering

☐

Sheet Goods

☐

Other: \_\_\_\_\_

☐

Paints &amp; Coatings

☐Total Amount ACM: 750

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSTILEPercentage: 3-5% Asbestos Assumed? ✓

Locations: \_\_\_\_\_ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

✓ Other (specify) Library

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High ✓ Moderate \_\_\_\_\_ LowActivity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_



Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM002477

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5449

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 9

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

☒ Floor Tile

☐ Ceiling Tile

☒ Mastie

☐ Roofing Felt

☐ Extension Panels

☐ Shingles

☐ Gypsum Board

☐ Millboard

☐ Asbestos/Cement  
Piping

☐ Wallcovering

☐ Sheet Goods

☐ Other:

☐ Paints & Coatings

Total Amount ACM: 300

Linear Feet

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet

Square Feet

Asbestos Known? ☒

Type: CHRYSDOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations:

☐ Office

☐ Mechanical Area

☐ Lobby

☐ Conference Room

☐ Hallway

☐ Cafeteria

☐ Garage

☐ Roof

☒ Other (specify) Library

Condition of ACM:

Physical Damage/Deterioration:

☐ Major

☐ Minor

☒ None

Water Damage/Deterioration:

☐ Major

☐ Minor

☒ None

Friability of Damaged Area:

☐ Major

☐ Minor

☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility:

☐ High

☒ Moderate

☐ Low

Activity & Movement:

☐ High

☐ Moderate

☒ Low

Change in Building Use:

☐ Scheduled

☐ Possible

☒ None

Vibration:

☐ High

☐ Moderate

☒ Low

Air Plenum:

☒ Yes

☐ No

Comments: MASTIC CONTAINS 3-5% CHRYSDOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed:

(Facility Asbestos Control Manager)

Date:

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 5039

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 10

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 100

Linear Feet \_\_\_\_\_

Square Feet ✓

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓

Type: CHRYSTILE

Percentage: 3-5% Asbestos Assumed? ✓

Locations: \_\_\_\_\_ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

✓ Other (specify) Computer 1 Copy

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High ✓ Moderate \_\_\_\_\_ Low

Activity & Movement: \_\_\_\_\_ High ✓ Moderate ✓ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ Low

Air Plenum: ✓ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

## Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDINGGSA Bldg. No. NM0024ZZAddress: 517 GOLD, ALBUQUERQUE, NEW MEXICOArea: 5445ADate of Assessment: 9-13-95Homogeneous Area No.: 21Functional Space No.: 18

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 120

Linear Feet \_\_\_\_\_

Square Feet ✓Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ✓Type: CHRYSO TILEPercentage: 3-5% Asbestos Assumed? ✓

Locations: \_\_\_\_\_ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

✓ Other (specify) SHOP

## Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneWater Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ NoneFriability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ✓ None

## Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High ✓ Moderate \_\_\_\_\_ LowActivity & Movement: \_\_\_\_\_ High ✓ Moderate \_\_\_\_\_ LowChange in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ✓ NoneVibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ✓ LowAir Plenum: ✓ Yes \_\_\_\_\_ NoComments: MASTIC CONTAINS 3-5% CHRYSO TILE ASBESTOSAssessor: BEP/AALDate Report Completed: 10/31/95Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_

Miscellaneous Asbestos-Containing Material Assessment Form

Building: FEDERAL BUILDING

GSA Bldg. No. NM0024ZZ

Address: 517 GOLD, ALBUQUERQUE, NEW MEXICO

Area: 6425

Date of Assessment: 9-13-95

Homogeneous Area No.: 21

Functional Space No.: 10

(Note: A separate assessment form will be completed for each type of miscellaneous ACM)

Type of Miscellaneous ACM:  
(Attached separate sheets  
if more than one type.)

<input checked="" type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile
<input checked="" type="checkbox"/> Mastic	<input type="checkbox"/> Roofing Felt
<input type="checkbox"/> Extension Panels	<input type="checkbox"/> Shingles
<input type="checkbox"/> Clapboard	<input type="checkbox"/> Millboard
<input type="checkbox"/> Asbestos/Cement Piping	<input type="checkbox"/> Wallcovering
<input type="checkbox"/> Sheet Goods	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Paints & Coatings	

Total Amount ACM: 90

Linear Feet \_\_\_\_\_

Square Feet ☒

Area of Damaged ACM: n/a

Linear Feet \_\_\_\_\_

Square Feet \_\_\_\_\_

Asbestos Known? ☒

Type: CHRYSOTILE

Percentage: 3-5%

Asbestos Assumed? ☒

Locations: \_\_\_\_\_ Office

\_\_\_\_\_ Mechanical Area

\_\_\_\_\_ Lobby

\_\_\_\_\_ Conference Room

\_\_\_\_\_ Hallway

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Garage

\_\_\_\_\_ Roof

☒ Other (specify) Computer / copy

Condition of ACM:

Physical Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Water Damage/Deterioration: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Friability of Damaged Area: \_\_\_\_\_ Major \_\_\_\_\_ Minor ☒ None

Potential for Future Damage, Disturbance, or Erosion:

Accessibility: \_\_\_\_\_ High ☒ Moderate \_\_\_\_\_ Low

Activity & Movement: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Change in Building Use: \_\_\_\_\_ Scheduled \_\_\_\_\_ Possible ☒ None

Vibration: \_\_\_\_\_ High \_\_\_\_\_ Moderate ☒ Low

Air Plenum: ☒ Yes \_\_\_\_\_ No

Comments: MASTIC CONTAINS 3-5% CHRYSOTILE ASBESTOS

Assessor: BEP/AAL

Date Report Completed: 10/31/95

Signed: \_\_\_\_\_  
(Facility Asbestos Control Manager)

Date: \_\_\_\_\_